PTO/SB/06 (12-04)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875											Application of Docket Number			
APPLICATION AS FILED — PAR (Column 1)						PART I (Column 2)			SMALL ENTITY		OR	OTHER THAN SMALL ENTITY		
FOR			NUMBER FILED			NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
BASIC FEE (37 CFR 1.16(a), (b), or (c))								1			1			
SEARCH FEE (37 CFR 1.16(k), (i), or (m))								1						
EXAMINATION FEE (37 CFR 1.16(0), (p), or (q))					7			1	-					
TOTAL CLAIMS (37 CFR 1.16(i))				minus 2	o = 1]	× 25=		OR	×57 =	F	
INDEPENDENT CLAIMS (37 CFR 1.16(h))				minus 3 ≂			•		× /0 =	l = -,		x200=		
APF FEE	PLICATION SIZE		If the specification and drav sheets of paper, the applica is \$250 (\$125 for small enti additional 50 sheets or frac 35 U.S.C. 41(a)(1)(G) and			ication size fee due ntity) for each action thereof. See								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(J))									180			360	,	
* If the difference in column 1 is less than zero, enter *0* in column 2.												TOTAL		
APPLICATION AS AMENDED - PART II														
1	(Column 1) (Column 2) (Column 3)								SMALL E	ENTITY	OR	SMALL I		
AMENDMENT 4	013000	RE	MAINING AFTER ENDMENT		NU PREV	MBER MOUSLY D FOR	PŘESENT EXTRA		RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONÂL FEE (\$)	
	Total (37 CFR 1.16(1))	17 CFR 1.16(1))		Minus		HO 3	=		× 25 =		OR.	x 50 =		
	Independent (37 CFR 1.16(h))			Minus	9				× 107 =		OR	x 200	135	
AMI	Application Size Fee (37 CFR 1.16(s))								63)					
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(I))								180		OR	340		
									TOTAL ADD'L FEE	•	OR .	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)														
AMENDMENT .	·	REN	LAIMS MAINING IFTER NDMENT		NU PREV	SHEST MBER 10USLY D FOR	PRESENT EXTRA		RATE (\$)	ADDI- TIONAL FEE (\$)	·	RATE (\$)	ADDI- TIONAL FEE (\$)	
	Total (37 CFR 1.16(1))	•		Minus	**		= .		x =		OR	x =		
	Independent (37 CFR 1.16(h))	.*	/	Minus	***		= .	1	·x - =		OR	x =	·	
	Application Size Fee (37 CFR 1.16(s))							1						
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))										OR			
								,	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
'	** If the "Highest I ** If the "Highest I	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or independent) is the bighest number found in the engroprise box in column 1.												

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